

Drug Abuse Education: A Pedagogical Schizophrenia

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Over a year ago I attended the Annual Meeting of the American Public Health Association in Philadelphia. I arrived early for one of the section meetings devoted to drug abuse education. As I waited in the almost empty room, three worried matrons wandered in and asked whether this was the right place for the lecture on schizophrenia. Interpreting their query literally I said "No." But perhaps I was in error. For surely the issue of drug abuse education as a panacea for our drug oriented culture reflects a formidable mass schizophrenia - the split between those who view only the negative, unhealthy, dangerous side and those who believe that drugs serve very constructive, useful, and satisfying purposes. Or the society that on one hand supports mass media inundated with drug commercial sophisms, eulogizing products for physical, emotional, and social discomforts or as a means to escape or relieve the constant daily stresses and strains on our minds and bodies, while on the other hand antihedonistically condemns those who use drugs in search of pleasure and satisfaction. Or the "over thirty" segment of society who produces approximately 4 billion amphetamine tablets each year (half of which gets into illicit distribution channels for social and private use), who uses over one million pounds of tranquilizers and 50 million barbiturate prescriptions, who has about 9 million alcoholics (among a population of 200 million), and whose medicine cabinets contain some thirty medications of which 80 percent were purchased over-the-counter without a prescription, while condemning young people for using "illegal" drugs. Or a society that claims to be concerned about our inadequate medical care, high infant mortality rates, hunger and malnutrition, a rising crime rate, rat infested inner city slums, racial tensions, campus unrest, an ever increasingly polluted environment, and in general human suffering and waste of human resources while supporting a war in Indochina costing up to 20 billion dollars a year that is less than eagerly supported by many Americans. This scarcely credible breach between our society's permissive - even obsessive behavior and attitudes and the verbal pronouncements against drug abuse reflect our split personality. When one stops to study the hypocrisy of our behavior in terms of our pronounced values, and the extent of inner tensions posed by contemporary living coupled with an ever shrinking set of alternatives to cope with them, one is less likely to ask why so many of our young people have turned to drugs but rather ponder the riddle, "Why have so few become involved?"

Dr. Ole Sands of "Schools for the Sixties" fame in a recent paper presented at the National Research Conference on School Health Education stated that the Greeks were remembered by historians for the rubric of liberty, the Romans for law, the English for parliamentary government, and perhaps historians will label American culture in terms of universal education. He may well be right.

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Education is commonly perceived as a means for attaining a better life and the school is considered to be one of the important socializing institutions in our society. Its influence has been placed second only to that of the family.

In portraying the transformation of the school, educational historians characterize the school as the reflection of the prevailing hopes, aspirations and fears of society.

More recently, the American public has expected, more it has demanded, that schools develop strategies to overcome the influences of the environment that impinge upon approved behavioral norms including variations in the family. When acceptable psychomotor responses are not developed by the family, society turns to the schools for their transmutation. Hence the schools are looked upon as a shield against a legion of social problems and a palliative for deviant practices. A further consequence, therefore, has been the attempt to ameliorate behavior of this magnitude by some modification of the school curriculum. The quintessential innovation in response to a crises oriented public has been "add a course."

Since there has been an increasing concern about youthful drug involvement, demands were renewed for more drug education. This is much the same reaction for more science programs when Sputnik cast its shadow upon the soma of American education.

We, in education, have high hopes for knowledge as a way of guiding productive lives. It is therefore important, it seems to me, if we are to emphasize fact-finding skills in the school setting that students be helped to synthesize them into a rationale for the direction of group norms and personal values.

Although it seems reasonable to presume that information on the hazards of drug abuse would reduce the likelihood of experimentation or actual dependency, the truth of the matter is that if scientific knowledge alone could keep people from abusing drugs, we would not have the comparatively high level of drug abuse among members of the medical professions. Furthermore, the knowledge of drugs and the level of sophistication about drug abuse among young people who have become involved in the drug scene is generally higher than their non-drug-using peers. What is needed then?

Two sociologists<sup>1</sup> at San Jose State College viewed the role of the school as one of making the educational experience relevant to the lives and personal problems of students. Commenting on relevancy in education, a noted psychiatrist wrote:

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<sup>1</sup>Salisbury, W. W. and Fertig, F. R. "The Myth of Alienation and Teenage Drug Use: Coming of Age in Mass Society," California School Health, Winter, 1968.

As parents, citizens, and teachers, we need to act together to upgrade education and keep it relevant to each of youth's three big tasks: (1) learning our cultural heritage of values and knowledge, (2) becoming persons in their own rights, and (3) finding the courage and understanding to cope with the problems their generation will meet... the best deterrent to drug abuse is education that strengthens an individual's code of values and increases his ability to assess the consequences.<sup>2</sup>

In a recent assessment of drug education programs operating under the National Drug Education Training Program,<sup>3</sup> the kinds of techniques which seemed to be effective in reducing existing drug abuse were:

- 1) utilization of young people at all levels of planning and implementation
- 2) emphasizing human relationships as much as drug information
- 3) use of small discussion groups
- 4) self-evaluation in which participants identify their own weaknesses and attitudes
- 5) utilization of older youths working with younger ones
- 6) presentation of factual information rather than scare techniques

The techniques which were believed to be especially harmful or ineffective included:

- 1) Scare tactics
- 2) indiscriminate use of former addicts
- 3) use of programmed materials without emphasizing the human aspect of the problem
- 4) use of the all-school assembly or large group sessions
- 5) use of numerous or long lectures without time for meaningful interaction

Dr. Louise G. Richards<sup>4</sup> presented a useful taxonomy of educational techniques in drug education.

1. Scare tactics
2. Authority
3. Logical exhortation

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<sup>2</sup>Hollister, William G. "Why Adolescents Drink and Use Drugs," The PTA Magazine. Chicago, PTA, Vol 63, No. 7, March 1969, p. 5.

<sup>3</sup>National Drug Education Newsletter. Rochester, N. Y., Vol. 1, No. 4, December, 1970.

<sup>4</sup>Richards, Louise G. "Mental Health and Drug Education," Paper presented at the AAHPER National Conference on Research in School Health, Detroit, Michigan, March 31, 1971.

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4. New cognitive information
5. Self appraisal and attitude confrontation
6. Status enhancement
7. Novelty, humor, and drama.

The problem with selecting appropriate techniques lies with the abysmal lack of empirical research and scientific investigation regarding the effectiveness of these techniques in changing subsequent behavior.

In spite of the lack of cogent directions for these approaches to drug abuse education, it may be helpful to consider the effectiveness of these techniques in other settings and to, then, consider their feasibility in drug abuse education.

Scare tactics - this approach is based on the belief that the recall of negative reinforcement will lead to abstinence. It has been severely criticized in many quarters of education as grossly ineffective. Janis & Feshback<sup>5</sup> long ago established that scare tactics were less effective in changing practices than a more neutral approach.

Why is scaring them so ineffective? Fear produces anxiety. Anxiety intensifies already existing anxieties, feelings of inadequacy and failure, frustration and lack of self-esteem. In a few days the message dims. The anxiety engendered penetrates into the subconscious and intensifies the need to escape, to feel strong instead of weak, to find artificial means of dealing with the problems of living. Fortunately, the majority of students exposed to such method of education will not be adversely affected. However, the borderline susceptible may find just enough to want to see "how it feels." When one feels inadequate to deal with the pressures of living, knowledge presented in such an authoritarian manner could actually have the reverse effect and act as an enticement.

Psychological studies demonstrate that when a person has strongly held beliefs and attitudes, they are rarely changed by a one-sided, aggressive attack on them. The studies indicate that a more balanced approach which, instead of attacking a person's beliefs, guides him to reassess them himself, holds more promise. In other words, educational efforts which directs itself toward facts should present both sides fairly and attempt to stimulate the student to make appropriate decisions in an intelligent and responsible manner.

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<sup>5</sup>Irving L. Janis and Seymour Feshback, "Effects of Fear-Arousing Communications," Journal of Abnormal and Social Psychology. XLVIII, 1953, pp. 247-252.

Dr. Seymour Halleck<sup>6</sup> suggests that since young people do a great deal of reading about drugs they can embarrass someone who "oversells" the drug effect and find it easy and amusing to expose the moralistic basis of their remarks. Once these biases and ignorance are exposed by the more sophisticated students, the other students will snicker and respond to such a technique with an attitude of supercilious resignation.

A concomitant scare tactic is to base the program upon the legal issue "it's against the law." Dr. Helen Nowlis<sup>7</sup> reminds us that too many high school students are caught up in the issue of personal freedom, civil rights, individual liberty, and react adversely to legalistic dictums. In the spirit of bolting against the legislation of personal decisions, the student may be forced to the uncompromising position of defending an action he otherwise would consider as inappropriate in dealing with resolved conflicts. It is similarly unwise to attempt to support the law with scientific evidence. It may in the final analysis defeat the underlying meaningful issue it was designed to buttress.

Authority - this technique uses some recognized authority for their expert opinion in order to convince an audience of the validity of the message. Since there are many kinds of authorities on drugs and since the public is rather confused about drugs today, physicians, psychologists, sociologists, lawyers, judges, law enforcement officials, clergymen, and ex-addicts are utilized in such programs. Studies such as one done in Michigan<sup>8</sup> seem to indicate that high school students want advice on the health aspects of drugs rather than on the moral or legal implications. These students rated physicians highest, drug users near the median, and policemen, ministers, and school counselors at the lower end of the scale. In a classroom instruction experiment in Los Angeles<sup>9</sup> students in the experimental schools (those using ex-addicts) scored significantly higher in both knowledge gain and attitude differentiation about drugs and drug users. Apparently, ex-addicts lent credibility few teachers could have provided however, the probability of a double-edged phenomenon is high (some students might have seen drug addiction as the means to a desirable end since the addicts are often articulate, bright, and healthy looking young adults acting in a prestigious role).

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<sup>6</sup>Seymour Halleck, "The Great Drug Education Hoax," The Progressive, July, 1970.

<sup>7</sup>Helen Nowlis, Drugs on the College Campus. New York, Anchor Books, Doubleday, 1967.

<sup>8</sup>Richard A. Bogg, et al. "Drugs and Michigan High School Students," Special House Committee on Narcotics, Michigan House of Representatives, Lansing, Michigan, 1968.

<sup>9</sup>Gilbert Geis, et al, "Addicts in the Classroom: The Impact of an Experimental Narcotics Program on Junior High School Pupils," U.S. Office of Economic Opportunity, Washington, D.C., 1962.

Both of these biased approaches (scare and authority) seem unlikely to have a positive influence upon young people over an extended period of time.

Logical exhortation - this technique is based on the theory that documentation will provide new points of view. It attempts to provide pros and cons so as to enable the learner to make decisions from some logical basis. There is some evidence<sup>10</sup> that knowledge increases and attitudes change in this approach. It is still too early however, to completely endorse such a technique since it has only been demonstrated on a fairly sophisticated audience.

New Cognitive Information - this technique attempts to convey drug knowledge to students in a conceptual approach so that students will be better able to draw on these concepts in making decisions. Although not primarily persuasive in design, the approach attempts to move students toward moderation or abstinence. The expectation is that students will gradually attain the desired concepts and easily acquire a great deal of factual knowledge which can be used in the later development of new concepts. The belief is that teaching which focuses on behavior, rather than content, is far more conducive to the internalization of basic concepts. These approaches use behavioral objectives as expectations for the student as the result of instruction.

Although these long-range outcomes are stated in behavioral terms, only carefully conducted longitudinal studies will give some idea as to their effectiveness in achieving these aims.

Self-appraisal and attitude confrontation - this technique was borrowed from a therapeutic and rehabilitation model. The principle rests upon the belief that for many, attitudes toward drugs are closely related to one's feelings and self-concept. It is an attempt to attack drug abuse at its roots, within the individual. The techniques are group processes (i.e., encounter, attitudinal confrontation, communication, problem-solving, cooperation, and rap sessions).

Although this has caught the fancy of many innovative programs, evidence of success to encourage this approach is not all in. However, I think we can say with reasonable assurance that the extent to which we can build self-esteem, that we can help children face reality, and that we can nourish the development of self in concourse with others, will do much to prevent the need for drugs.

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<sup>10</sup>John Swisher and Richard Hormon, "Evaluation of Temple University's Drug Abuse Prevention Program," Philadelphia, Temple University, September, 1968.

Status enhancement - this technique focuses on providing students with facts that they, in turn, will transmit to peers or younger students. The rationale for this approach is that motivation to learn increases with the responsibility to convey the information to others. A project in Coronado, California<sup>11</sup> had students search out facts on drugs and then convey what they had learned to their peers. A similar approach was developed by Mr. Ray Kaufman, presently with the Diagnostic and Rehabilitation Center in Philadelphia, Pa. He trained a number of high school students at Gratz High School in drug education. They in turn are communicating what they learned to junior high school students. Both of these programs resemble the approach used by Mr. Jack Gross of the College of Pharmaceutical Sciences at Columbia University, N. Y. This project was called RFD (Respect for Drugs). It involved the training of local pharmacists who went out and conducted similar sessions for community groups.

Anyone who has ever been involved in teaching knows that the best way to learn anything is to be required to teach it to others. Such programs have met with a good deal of success and appear to be effective in increasing knowledge and changing attitudes.

Novelty, humor, and drama - this approach focuses on entertainment techniques in which the teacher attempts to dramatize the decision-making process through films, theatrical plays, and sociodramas. First, the quality of these materials, particularly on drugs, varies considerably. Some take the sociological approach, warning against the loss of income, status, dignity, even freedom attendant upon abuse. Some are purely descriptive of drugs and their effects. Some show in great detail the ways drugs can be used, others maintain a studiously clinical distance. Some project a tone of moral outrage while others a tone of cool scientific detachment. None of these will give audiences identical trips.

I am somewhat wary of this approach however, there are some basic rules that if followed improve chances of success.

- 1) Don't trust any technique solely because someone else recommends it. Preview it yourself.
- 2) Don't trust even a well designed program to contain only accurate information.
- 3) Don't trust one expert - consult several. It would be preferable to preview the material with a few teachers and students whose opinions and reactions will be helpful.
- 4) Provide for ample time to process the activity such as a discussion period following the presentation. This might contribute more to the desired objectives than the activity itself.
- 5) Keep audiences small. In intimate groups, comments and criticisms come more freely and there is opportunity to correct errors, misunderstandings, and inaccurate inferences.

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<sup>11</sup> Clifford W. Jordon "A Drug Abuse Project." The Journal of School Health. XXXVIII, No. 10, December 1968.

What Else is Needed

In order to present an instructional program which does more than dispense facts, the total educational setting must be tuned in to the needs of young people. The emphasis should always be upon an examination of decision-making in such a way that the student becomes more aware of the factors that influence his decisions and resultant behavior. There needs to be ways for students who are identified with problems or who feel as though they have some concern to get help. This may necessitate an ongoing relationship between the school and other community agencies with the kinds of staff, skills, experience, and resources to deal effectively with the problems of young people. Therefore, just the development of a new curriculum for young people is worthless unless other parts, such as adult education, a Help-Line or Hot-Line (a 24 hour crises intervention telephone service, youth centers, informal rap groups, and counseling services for students and their parents, are also planned for and implemented.

Dr. Seymour L. Halleck,<sup>12</sup> professor of psychiatry at the University of Wisconsin and Director of its Student Psychiatric Services believes that educational programs can be of some help to young people if they focused on the broader social and ethical issues. He claims that the best explanation for the growing use of drugs in this country is that we are an unhappy society. And, our young people seem especially desperate. In order for drug education programs to be helpful to young people, Dr. Halleck feels that they must be "supported by a firm commitment to examine and deal with the more basic causes of human despair."<sup>13</sup>

"Children tend to become like people they perceive, like the people they experience and psychologically consume - the people their teachers are."<sup>14</sup>

The exemplar role of adult behavior is of vital significance; we cannot disregard its importance and fail to behave in a positive and constructive way if children are to grow to become positive people. Without a commitment of courageous social action, the character and personality of young people will fail to be strengthened. Unless we begin to work together in building a more humane world the conditions which spawn drug abuse will thrive.

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<sup>12</sup>Seymour L. Halleck, op. cit.

<sup>13</sup>Ibid.

<sup>14</sup>Jack R. Frymier, "Teaching the Young to Love," A Preventive Approach to Drug Abuse Education. Dubuque, Iowa, Kendall-Hunt Publishing Co., 1970, p. 16.



"The thing that counts is us. Subject matter, organizations and evaluative techniques are all important, but the major perceptual stuff for a child is other people. In education, the other people are the adults who work in schools."<sup>15</sup>

It may seem strange that such a statement needs to be highlighted, but highlighted it must be against the background of teaching-learning, child-rearing practices, in vogue. The objective for any educational program must begin to give students not information but dignity, not facts but respect. To the extent that a school can do this, students will become a little closer to the realities of living and a lot less searching for a bedrugged escape.

Dr. Gilbert M. Shimmel of Columbia University describes the need poetically:

To love and be loved; may feel loved  
Are man's most primal needs,  
Without which, deep within his soul  
Will sprout the evil seeds  
Of lonely pain, anger and fear  
Which blossom soon or late  
As violence and misery  
And self-destructive hate.

This is what drug abuse is all about. The schools can help by recognizing that a child is not born loving or hateful. These are learned. Teachers and parents need to learn to use themselves to teach young people to learn to love and thereby build self-esteem.

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<sup>15</sup> Ibid.